

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **097856182**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		2		/		
4		0		/		
5		0		/		
6		0		/		
7		0		/		
8		0		/		
9		0		/		
10		0		/		
11		0		/		
12		0		/		
13		0		/		
14		0		/		
15		0		/		
16	/		/			
17		1		/		
18		2		/		
19		0		/		
20		0		/		
21		0		/		
22		0		/		
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48					/	
49					/	
50					/	
TOTAL IND.	2	↓	2	↓	2	↓
TOTAL DEP.	25	←	23	←	34	←
TOTAL CLAIMS	27		25		36	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						/
52						/
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS